

To Learn More:

Books:

ADHD - A Teenager's Guide (Book and Tape set), by James Crist, 1996

Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder from Childhood Through Adulthood, by Edward M. Hallowell and John J. Ratey, 1994

The ADHD Book of Lists: A Practical Guide for Helping Children & Teens with Attention Deficit Disorders, by Sandra F. Rief, 2002

ADD - Friendly Ways to Organize Your Life, by Judith Kolberg and Kathleen Nadeau, 2002

Help4ADD @ High School, by Kathleen G. Nadeau, 1998

Websites:

www.chadd.org

www.nami.org

Help for ADHD in the Montreal area:

Montreal Children's Hospital
(Psychiatry): **514-412-4449**

Royal Victoria Hospital (Psychology):
514-842-1231 Ext. 34289

Family Resource Centre:
514-685-5912

Learning Disabilities Association of
Quebec:
514-482-7196

AMI-Quebec has many programs to help families and people suffering from mental illness. If you recognize yourself or someone you care about in this pamphlet, please contact us and we will direct you to an appropriate resource.

514-486-1448

www.amiquebec.org
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ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)



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Mark has more energy than most boys his age. It began when he was three years old, he was always more active than the other children, he was like a human tornado always dashing around and disrupting everything in his path. At home, he darted from one activity to the next, leaving a trail of toys behind him. Mealtime was the worst: he would throw dishes on the floor and talk incessantly. He was very reckless and impulsive: he would run into the street with oncoming cars. School was very difficult for Mark since he could not pay attention when the teacher was presenting important or difficult material. He would constantly jump out of his seat, and run around the classroom as if it was gym time. His grades were quite poor, since he could not concentrate on doing his homework and had difficulty sitting still when writing an exam. His classmates surely did not like him, since he was always disrupting the class. This took a toll on him psychologically and he started to become quite anxious and depressed. He did not know where to turn. He knew that he was different from the other children but could not help his behaviour. Luckily for Mark, his mother sought help immediately. He is

now receiving a combined treatment of both medication and behavioural therapy.

ADHD is a disorder of excessive arousal, impairment to regulate/inhibit impulses, plan, and exercise foresight. In other words, ADHD consists of inattention, hyperactivity, and impulsivity.

ADHD is one of the most commonly diagnosed behavioural disorders in young people. There is evidence of gender differences with regard to this disorder; boys seem to outnumber girls. The most common type of ADHD in young boys is both inattention and hyperactivity. In adolescent girls, the most common type is inattention. These children may be seen as ill mannered and oppositional or defiant with their behaviours. They may receive frequent negative feedback and do poorly in tasks that require sustained attention.

The causes of ADHD include the following:

- Biological differences in brain structure/function
- Family and genetic factors
- Prenatal/perinatal factors
- Chemical toxins
- Exacerbating psychosocial stressors and combined factors

Disorders co-occurring with ADHD:

- Oppositional Defiant Disorder
- Conduct Disorder
- Anxiety
- Depression
- Communication or learning disability
- Tourette's Syndrome

Treatment

- Medication (psychostimulants such as Ritalin)
- Behavioural therapy (rewarding positive behaviour changes and good communication through positive reinforcement)